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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |                      | Docket Number (Optional) |                           |
|---|----------------------|--------------------------|---------------------------|
| FY 2008<br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |                      | 007262-30 US             |                           |
| Application Number 10/712,073   |                      | Filed November 13,2003   |                           |
| For Lipid phosphatase assays in disease and drug discovery  |                      |                          |                           |
| Art Unit 1641   |                      | Examiner COUNTS,         | GARY W                    |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application.   |                      |                          |                           |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                      |                          |                           |
|   | <u>Fee</u>           | Small Entity Fee         |                           |
| X One month (37 CFR 1.17(a)(1)  | )) \$120             | \$60                     | \$_6D                     |
| Two months (37 CFR 1.17(a)  | (2)) \$460           | \$230                    | \$                        |
| Three months (37 CFR 1.17(a   | a)(3)) \$1050        | \$525                    | \$                        |
| Four months (37 CFR 1.17(a)   | (4)) \$1640          | \$820                    | \$                        |
| Five months (37 CFR 1.17(a)   | (5)) \$2230          | \$1115                   | s                         |
| X Applicant claims small entity status. See 37 CFR 1.27.  |                      |                          |                           |
| A check in the amount of the fee is enclosed.   |                      |                          |                           |
| X Payment by credit card.   |                      |                          |                           |
| The Director has already been authorized to charge fees in this application to a Deposit Account.   |                      |                          |                           |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 502679 . I have enclosed a duplicate copy of this sheet. |                      |                          |                           |
| WARNING: Information on this form may become public. Credit card information should not be included on this form.<br>Provide credit card information and authorization on PTO-2038.       |                      |                          |                           |
| l am the applicant/inventor.  |                      |                          |                           |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |                      |                          |                           |
| X   attorney or agent of record. Registration Number 52,492   |                      |                          |                           |
| /autorney or agent under 37 CFR 1.34.   |                      |                          |                           |
| Registration number if acting under 37 CFR 1.34   |                      |                          |                           |
| March 21. 2008  |                      |                          |                           |
| Signature   |                      | Date                     |                           |
| Jernifer M. McCa. Typed or printed  |                      | (303) 82                 | 28 - 0 6 5 5<br>ne Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one                       |                      |                          |                           |
| signature is required, see below.   |                      |                          |                           |
| X Total of One  | forms are submitted. |                          |                           |

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